

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

Oregon Firearms Federation, Inc., et. al.,

Plaintiff(s),

v.

Kate Brown, Governor of the State of Oregon, et. al

Defendant(s).

Case No.: 2:22-cv-01815-IM

MOTION FOR LEAVE TO APPEAR
PRO HAC VICE

Attorney Simon Peter Serrano requests special admission *pro hac vice* to the Bar of the United States District Court for the District of Oregon in the above-captioned case for the purposes of representing the following party (or parties):

Oregon Firearms Federation, Inc., Brad Lohrey, Sherman County Sheriff, and Adam Johnson

In support of this application, I certify that: 1) I am an active member in good standing with the Washington State Bar; and 2) that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the Local Rules of this Court, and this Court's Statement of Professionalism.

I understand that my admission to the Bar of the United States District Court for the District of Oregon is solely for the purpose of litigating in the above matter and will be terminated upon the conclusion of the matter.

(1) PERSONAL DATA:

Name: Serrano Simon P
(Last Name) (First Name) (MI) (Suffix)

Agency/firm affiliation: Silent Majority Foundation

Mailing address: 5238 Outlet Dr.

City: Pasco State: WA Zip: 99301

Phone number: (509) 567-7083 Fax number: _____

Business e-mail address: pete@silentmajorityfoundation.org

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement to associate with local counsel under LR 45-1, check the following box:

- ☐ I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application.

To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel.

Name: Osborne Karen L
(Last Name) (First Name) (MI) (Suffix)

OSB number: 171291

Agency/firm affiliation: Silent Majority Foundation

Mailing address: 5238 Outlet Dr.

City: Pasco State: WA Zip: 99301

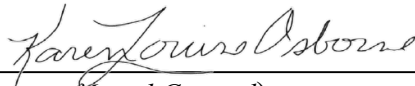
Phone number: (360) 907-2593 Fax number: _____

Business e-mail address: karen@smfjb.org

CERTIFICATION OF ASSOCIATE LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in case number 2:22-cv-01815-IM.

DATED: Nov. 29, 2022.


(Signature of Local Counsel)